



POLITICAL ACTION COMMITTEE
OR LEGISLATIVE CAUCUS COMMITTEE
STATEMENT OF ORGANIZATION
State Form 28251 (R9/9-09)
Indiana Election Commission (IC 3-9-1-3 and IC 3-9-1-4)

(CFA-2)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE

FILE NUMBER

1. IS THIS AN AMENDMENT? ☒ No ☐ Yes If Yes, please enter the file number in this box →

SECTION A. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Full Name of Committee (Do not abbreviate) <input checked="" type="checkbox"/> Check if this is a new name Perry GOP PAC			3. Acronym or Abbreviated Name (if any)		
4. Mailing Address (Address where all campaign finance correspondence is received) <input checked="" type="checkbox"/> Check if this is a new address 2041 Winslet Way, Apt 3A Indpls IN 46217			5. E-mail Address (Optional) perrygop@gmail.com		
6. City Indianapolis	State IN	ZIP Code	7. FAX (Optional)	8. Telephone (317) 840-7401	9. Committee Organization Date (MM-DD-YY) 08/30/10
10. Is this committee registered with the Federal Election Commission? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			11. Is this committee a "Legislative Caucus Committee" under IC 3-5-2-27.3? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
12. State the purpose of the committee and on which issues the committee expects to focus. Promote the election of Republican candidates in Perry Trp.					
13. Name and address of any connected, affiliated, sponsoring organization, corporation, group, or individual. Perry Trp. GOP Club			14. Is this committee supporting a political party's entire ticket? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Check party affiliation if applicable: <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other		
15. If supporting or opposing a public question, state both the subject of the question AND the committee position.					

16. Chairperson's Name <input checked="" type="checkbox"/> Check if this is a new chairperson Donald J. St. Peters		17. E-mail Address (Optional) stpsales@comcast.net	
18. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address 4730 Earlham Dr Indpls 46227		19. Telephone (Day) (317) 501-2104	20. Telephone (Evening) (317) 501-2104
21. Treasurer's Name <input checked="" type="checkbox"/> Check if this is a new treasurer David C. Bausman		22. E-mail Address (Optional) debbaum@gmail.com	
23. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address 2041 Winslet Way, Apt 3A Indpls IN 46217		24. Telephone (Day) (317) 840-7401	25. Telephone (Evening) (317) 840-7401
26. Custodian of Records' Name <input checked="" type="checkbox"/> Check if this is a new custodian David C. Bausman		27. E-mail Address (Optional) debbaum@gmail.com	
28. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address 2041 Winslet Way, Apt. 3A Indpls IN 46217		29. Telephone (Day) (317) 840-7401	30. Telephone (Evening) (317) 840-7401
31. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) PNL BANK			

SECTION B. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.	Person Appointed Treasurer DAVID C. BAUSMAN	Signature of the Committee Chairperson Donald J. St. Peters
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SECTION C. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

33. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of any other campaign finance committee.		
34. Typed or Printed Name of Treasurer David C. Bausman	Signature of Treasurer [Signature]	Date (MM-DD-YY) 8/30/10

SECTION D. CERTIFICATION OF STATEMENT

I certify that I am the duly appointed Chairperson of the Committee and have examined this statement. To the best of my knowledge and belief it is true, correct and complete.		
35. Typed or Printed Name of Chairperson Donald J. St. Peters	Signature of Chairperson Donald J. St. Peters	Date (MM-DD-YY) 8/30/10

Warning: Any information contained in this statement may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) State law requires that any change in this information must be reported within 10 days of the change. (IC 3-9-1-10) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18)

FOR OFFICE USE ONLY

Charles A. White
SEP 17 2010
FILED